

UN ID STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P. O. BOX 1080
ROBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Milnesand Unit
2. NAME OF OPERATOR Breck Operating Corp.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024		9. WELL NO. 210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "L", 1720' FSL & 660' FWL		10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4213' KB	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-8S, R-35E
		12. COUNTY OR PARISH Roosevelt
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Temporarily Abandon <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well History

8-5/8" 24# set @ 379' w/ 350 sx. in 12-1/4" hole. Cmt. circ.
5-1/2" 15.5# set @ 4775' w/250 sx. in the 7-7/8" hole. TOC @ 2638'
Perforations: 4623'-4645'
TD: 4775'
PBSD: 4737'
5/15/73: Set CIBP @ 4560'

Procedure

Pressure up on casing to test downhole integrity.

Test to be conducted Wednesday, May 11, 1988

18. I hereby certify that the foregoing is true and correct

SIGNED Kevin G. Duncan

TITLE Petroleum Engineer

DATE 4/20/88

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING APR 28 1989

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

APR 28 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

APR 29 1988

OCD

HOBBS OFFICE